

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

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|--|---|--|---|--|---|---|--|---|--|---|---|--------------------------|---|---|---|---|---|---|---|--|--|--|---|
| I. (a) PLAINTIFFS <p>(b) County of Residence of First Listed Plaintiff _____ <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small></p> <p>(c) Attorney's (Firm Name, Address, and Telephone Number)</p> | | DEFENDANTS <p>County of Residence of First Listed Defendant _____ <small>(IN U.S. PLAINTIFF CASES ONLY)</small></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.</p> <p>Attorneys (If Known)</p> | | | | | | | | | | | | | | | | | | | | | |
| II. BASIS OF JURISDICTION (Place an "X" in One Box Only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 20px;"><input type="checkbox"/> 1 U.S. Government Plaintiff</td> <td style="width: 50%;"><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</td> </tr> <tr> <td><input type="checkbox"/> 2 U.S. Government Defendant</td> <td><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</td> </tr> </table> | | <input type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) | <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) | III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 20px;">Citizen of This State</td> <td style="width: 50%;"><input type="checkbox"/> PTF <input type="checkbox"/> DEF <input type="checkbox"/> 1 <input type="checkbox"/> 1</td> <td style="width: 50%; padding-left: 20px;">Incorporated or Principal Place of Business In This State</td> <td style="width: 50%;"><input type="checkbox"/> PTF <input type="checkbox"/> DEF <input type="checkbox"/> 4 <input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2 <input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5 <input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3 <input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6 <input type="checkbox"/> 6</td> </tr> </table> | | Citizen of This State | <input type="checkbox"/> PTF <input type="checkbox"/> DEF <input type="checkbox"/> 1 <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> PTF <input type="checkbox"/> DEF <input type="checkbox"/> 4 <input type="checkbox"/> 4 | Citizen of Another State | <input type="checkbox"/> 2 <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 <input type="checkbox"/> 5 | Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 <input type="checkbox"/> 6 | | | | |
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| IV. NATURE OF SUIT (Place an "X" in One Box Only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> CONTRACT <ul style="list-style-type: none"> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. 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| V. ORIGIN (Place an "X" in One Box Only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 1 Original Proceeding</td> <td style="width: 25%;"><input type="checkbox"/> 2 Removed from State Court</td> <td style="width: 25%;"><input type="checkbox"/> 3 Remanded from Appellate Court</td> <td style="width: 25%;"><input type="checkbox"/> 4 Reinstated or Reopened</td> <td style="width: 25%;"><input type="checkbox"/> 5 Transferred from another district (specify) _____</td> <td style="width: 25%;"><input type="checkbox"/> 6 Multidistrict Litigation</td> <td style="width: 25%;"><input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment</td> </tr> </table> | <input type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from another district (specify) _____ | <input type="checkbox"/> 6 Multidistrict Litigation | <input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment | | | | | | | | | | | | | | | | |
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| Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Brief description of cause: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| VI. CAUSE OF ACTION | | CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| VII. REQUESTED IN COMPLAINT: <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 | | DEMAND \$ | | | | | | | | | | | | | | | | | | | | | |
| VIII. RELATED CASE(S) IF ANY <small>(See instructions):</small> | | JUDGE | DOCKET NUMBER _____ | | | | | | | | | | | | | | | | | | | | |
| DATE _____ | | SIGNATURE OF ATTORNEY OF RECORD _____ | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | |
| RECEIPT # _____ | | AMOUNT _____ | | APPLYING IFP _____ | | JUDGE _____ MAG. JUDGE _____ | | | | | | | | | | | | | | | | | |